

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No**COMMITTEE INFORMATION**

| | |
|---|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <u>Mark A. Raines for Adams Township Board</u> | |
| 2. Acronym or Abbreviated Name (if any) <u>NONE</u> | 3. Committee Telephone Number <u>(317) 758-4657</u> |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <u>875 W. 236th St.</u> | |
| 5. City, State, ZIP Code <u>Sheridan IN 46009</u> | 6. Party Affiliation (if applicable) <u>Republican</u> |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|--|---|
| 7. Full Name of Candidate (include any nickname) <u>Mark Allen Raines</u> | 8. Party Affiliation or If Independent Candidate <u>Republican</u> |
| 9. Office Sought (include district number, if any. Not required for exploratory committee.) <u>Adams Township Board</u> | 10. County of Residence <u>Hamilton</u> |

TYPE OF REPORT

| | |
|---|--|
| 11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | CONVENTION CANDIDATES ONLY Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|---|--|

| | | |
|---|--------------------------------|---------------------------------|
| 12. Reporting Period: From: <u>1/1/10</u> Through: <u>4/9/10</u> | COLUMN A This Period | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | <u>0</u> | <u>0</u> |
| 14. Cash on hand and investments January 1, current year. | <u>0</u> | <u>0</u> |

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

| | | |
|---|----------|----------|
| 15a. Itemized (use Schedule A) | | |
| 15b. Unitemized | <u>0</u> | <u>0</u> |
| 15c. Add lines 15a and 15b in both columns | <u>0</u> | <u>0</u> |
| SUBTOTAL | <u>0</u> | <u>0</u> |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | <u>0</u> | <u>0</u> |
| TOTAL | <u>0</u> | <u>0</u> |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | | |
|---|----------|----------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | |
| 17b. Unitemized | <u>0</u> | <u>0</u> |
| 17c. Add lines 17a and 17b in both columns | <u>0</u> | <u>0</u> |
| SUBTOTAL | <u>0</u> | <u>0</u> |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | <u>0</u> | <u>0</u> |
| TOTAL | <u>0</u> | <u>0</u> |
| 19. Debts OWED BY the committee (use Schedule D) | <u>0</u> | <u>0</u> |
| 20. Debts OWED TO the committee (use Schedule E) | <u>0</u> | <u>0</u> |

CERTIFICATION

TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

| | |
|---------------------------|------------------------|
| Title <u>Treasurer</u> | Date <u>4/14/10</u> |
| | Date <u>4/14/10</u> |

not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana
(IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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